

RIVERBEND MONTESSORI SUMMER CAMP 2018

STUDENT INFORMATION: 2018/2019 CLASS: TRANSITION PRIMARY LE UE

FIRST NAME: _____ LAST NAME: _____ M F
DATE OF BIRTH: _____ ALLERGIES: Y N _____

PARENT INFORMATION:

MOTHER'S NAME: _____ CELL #: _____
FATHER'S NAME: _____ CELL #: _____
EMAIL ADDRESS: _____

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____ PHONE: _____
NAME: _____ RELATIONSHIP: _____ PHONE: _____

PICK UP AUTHORIZATION:

NAME: _____ RELATIONSHIP: _____ PHONE: _____
NAME: _____ RELATIONSHIP: _____ PHONE: _____

FULL SUMMER SESSIONS: (PRICE BELOW INCLUDES 10% DISCOUNT FOR FULL CAMP ENROLLMENT)

	<u>HALF</u> <small>(9:00 AM - 12:00)</small>	<u>FULL</u> <small>(9:00 AM - 3:00 PM)</small>
_____ ENTIRE SUMMER (5/29-8/3)	\$ 1,620.00	\$ 2,025.00

_____ FOR BEFORE CARE & AFTER CARE:

Please circle below (in Weekly Sessions) all that apply

WEEKLY SESSIONS: (CHECK AND CIRCLE ALL THAT APPLY)

				<u>HALF</u> <small>(9:00 AM - 12:00)</small>	<u>FULL</u> <small>(9:00 AM - 3:00 PM)</small>	<u>BEFORE CARE</u> <small>(8:30 - 9:00 AM)</small>	<u>AFTER CARE</u> <small>(3:00 - 4:30 PM)</small>
_____	WEEK 1:	5/29	INSECTS	\$ 160.00	\$ 200.00	\$ 25.00	\$ 40.00
_____	WEEK 2:	6/4	ART	\$ 200.00	\$ 250.00	\$ 25.00	\$ 40.00
_____	WEEK 3:	6/11	COOKING	\$ 200.00	\$ 250.00	\$ 25.00	\$ 40.00
_____	WEEK 4:	6/18	SUPER SCIENCE	\$ 200.00	\$ 250.00	\$ 25.00	\$ 40.00
_____	WEEK 5:	6/25	CHILDREN OF THE WORLD	\$ 200.00	\$ 250.00	\$ 25.00	\$ 40.00
_____	WEEK 6:	7/2	NO CAMP				
_____	WEEK 7:	7/9	SOLAR SYSTEM	\$ 200.00	\$ 250.00	\$ 25.00	\$ 40.00
_____	WEEK 8:	7/16	TEXAS HISTORY	\$ 200.00	\$ 250.00	\$ 25.00	\$ 40.00
_____	WEEK 9:	7/23	EGYPTIAN HISTORY	\$ 200.00	\$ 250.00	\$ 25.00	\$ 40.00
_____	WEEK 10:	7/30	DINOSAURS	\$ 200.00	\$ 250.00	\$ 25.00	\$ 40.00

FINANCIAL AGREEMENT: *Please initial all below*

- _____ I have enclosed my **non-refundable** Deposit of \$_____ which is \$ 50 per week payable by **March 9, 2018.** *Please make checks payable to Riverbend Montessori.*
- _____ I understand that the balance of Summer Camp Tuition will be due **April 27, 2018**
- _____ I agree that I am responsible for tuition for the entire week, regardless of the number of days absent.
- _____ I understand that a fee of \$20.00 will be charged on all returned checks.
- _____ I understand that a \$10 late pick up fee will be assessed after 12:10 for half day students and after 3:10 pm for full day students.
- _____ AFTER CARE: I understand that I will be charged \$1 per minute for late fee pick-up after 4:30 pm
- _____ I understand that minimum enrollment numbers are required. If we do not meet numbers for a particular week, camp will be cancelled and you will be refunded the relevant tuition for that period.

Child's Name: _____ 2018/2019 Class: _____

Parent's Signature: _____ Date: _____

MEDICAL AUTHORIZATION

In the event that I cannot be reached or make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize Riverbend Montessori School to take my child to the following physician/hospital. I realize that an ambulance may not follow these requests.

DOCTOR: _____ PHONE: _____

Name	Address	
HOSPITAL: _____		PHONE: _____
Name	Address	

Parent/Guardian's Signature: _____ Date: _____

OTHER INFORMATION

- Pizza Lunch Fridays are included in the Enrollment Fee.
- In the event of a Field Trip for Elementary students, you will receive permission slips with the additional costs the week before Summer Camp.

FOR OFFICE USE ONLY:

DEPOSIT RECEIVED:	_____	\$ _____	_____	_____
	DATE	AMOUNT	CHECK #	ENTRD

BALANCE RECEIVED:	_____	\$ _____	_____	_____
	DATE	AMOUNT	CHECK #	ENTRD